

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED

08 SEP 22 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006697  
1. Entity Name  
DELTA LAMBDA SIGMA CHAPTER OF PHI BETA SIGMA,  
FRATERNITY, INC.



Principal Place of Business  
2207 AVENUE O  
FORT PIERCE, FL 34950

Mailing Address  
PO BOX 1881  
FORT PIERCE, FL 34954



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07112008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
31-1689823

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BURNS, SIMMIE W  
1908 AVENUE G  
FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Simmie W. Burns* DATE 7/11/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, RUFUS 2207 AVENUE O FORT PIERCE, FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELANCY, ROBERT 702 SE BREAKWATER AVE PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURNS, SIMMIE W 1908 AVENUE G FORT PIERCE, FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMAN, THOMAS 1501 N. 35TH ST. FORT PIERCE, FL 34947 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WASHINGTON, DAVID 2043 AIROSO BLVD PORT ST. LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JAMES JR 3907 AVENUE 'L' FORT PIERCE, FL 34947 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400136256334 09/23/08--01031--016 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID WASHINGTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 LANGSTON DRIVE FT. PIERCE, FL. 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARRY E. DOVER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7846 S.E. Hilltop TERR. Hobe Sound, FL. 33475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Simmie W. Burns* SIMMIE W. BURNS DATE 7/11/08 772-370-6795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #